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I hereby revoke all previous powers of attorned 37 CFR 3.73(b).	y given in the application identif	ied in the attached sta	tement under
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OR  Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):			
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Assignee Name and Address: Logilech Europe S.A. Logilech Europe S.A. 1122 Romanel-sur-Morges SWITZERLAND A copy of this form, together with a statement uil the nech application in which this form is us the practitioners appointed, in this form if the as	sed. The statement under 37 CF	R 3 73(b) may be com	plated by one of I
and must identify the application in which this F	Ower of Attorney is to be filed.		
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tame François Steriler	WHI.	Telephone +412	
Title Director Legal EMEA Separate Counsel			